

MODIFIED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

Patient Name _____ Date _____

REVISED OSWESTRY LOW BACK DISABILITY INDEX

Please Read: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer every section by circling the ONE CHOICE that most applies to you. We realize that you may feel that two of the statements in any one section relate to you, but please circle the one choice which most closely describes your problem.

Section 1 - Pain Intensity A The pain comes and goes and is very mild. B The pain is mild and does not vary much. C The pain comes and goes and is moderate. D The pain is moderate and does not vary much. E The pain comes and goes and is severe. F The pain is severe and does not vary much.	Section 6 - Standing A I can stand as long as I want without extra pain. B I have some pain on standing but it does not increase with time. C I cannot stand for longer than 1 hour without increasing pain. D I cannot stand for longer than 1/2 hour without increasing pain. E I cannot stand for longer than 10 minutes without increasing pain. F I avoid standing because it increases the pain immediately.
Section 2 - Personal Care [washing, dressing, etc.] A I do not have to change my way of washing or dressing in order to avoid pain. B I do not normally change my way of washing or dressing even though it causes some pain. C Washing and dressing increases the pain but I manage not to change my way of doing it. D Washing and dressing increases the pain and I find it necessary to change my way of doing it. E Because of the pain I am unable to do some washing and dressing without help. F Because of the pain I am unable to do any washing and dressing without help.	Section 7 - Sleeping A I get no pain in bed. B I get pain in bed but it does not prevent me from sleeping well. C Because of pain my normal night's sleep is reduced by less than 1/4. D Because of pain my normal night's sleep is reduced by less than 1/2. E Because of pain my normal night's sleep is reduced by less than 3/4. F Pain prevents me from sleeping at all.
Section 3 - Lifting A I can lift heavy weights without extra pain. B I can lift heavy weights, but it causes extra pain. C Pain prevents me from lifting heavy weights off the floor. D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. F I can only lift very light weights at the most.	Section 8 - Social Life A My social life is normal and gives me no extra pain. B My social life is normal but increases the degree of pain. C Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc. D Pain has restricted my social life and I do not go out as often. E Pain has restricted my social life to my home. F I have no social life because of pain.
Section 4 - Walking A I have no pain walking. B I have some pain with walking but it does not increase with distance. C I cannot walk more than 1 mile without increasing pain. D I cannot walk more than 1/2 mile without increasing pain. E I cannot walk more than 1/4 mile without increasing pain. F I cannot walk at all without increasing pain.	Section 9 - Traveling A I get no pain while traveling. B I get some pain from traveling, but none of my usual forms of travel make it any worse. C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel. D I get extra pain while traveling, which compels me to seek alternative forms of travel. E Pain restricts all forms of travel. F Pain prevents all forms of travel except that done lying down.
Section 5 - Sitting A I can sit in any chair as long as I like. B I can only sit in my favorite chair as long as I like. C Pain prevents me from sitting for more than one hour. D Pain prevents me from sitting for more than 1/2 hour. E Pain prevents me from sitting for more than 10 minutes. F Pain prevents me from sitting at all.	Section 10 - Changing Degree of Pain A My pain is rapidly getting better. B My pain fluctuates but overall it is definitely getting better. C My pain seems to be getting better but improvement is slow at present. D My pain is neither getting better nor worse. E My pain is gradually worsening. F My pain is rapidly worsening.

Comments: _____